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## SELECTIVE SERVICE VERIFICATION FORM

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Resident since: \_\_\_\_\_

This form is required because Selective Service reported that you have not registered with them. Determine which of the conditions below accurately represents the reason that you have not registered with Selective Service. Complete and submit this verification form with any required documents to the Office of Financial Aid.

Select Applicable Condition Below	Student Action and/or Documents Required
<input type="checkbox"/> I am registered with Selective Service	Submit Proof of Registration by providing: <ul style="list-style-type: none"> <li>• A copy of your Selective Service Registration Card, <b>OR</b></li> <li>• A copy of your Selective Service Registration Acknowledgment, <b>OR</b></li> <li>• Selective Service's webpage confirmation of Registration (<a href="http://www.sss.gov">www.sss.gov</a>)</li> </ul>
<input type="checkbox"/> I am required to register with Selective Service, <b>AND</b> I am currently between the ages of 18-25	Student must: <ul style="list-style-type: none"> <li>• Submit a correction to Q #22 on the FAFSA (<a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a>), <b>OR</b></li> <li>• Register online at (<a href="http://www.sss.gov">www.sss.gov</a>) <b>AND</b> submit Proof of Registration</li> </ul>
<input type="checkbox"/> I am required to register with Selective Service, <b>however</b> I am 26 years of age or older	Student must: <ul style="list-style-type: none"> <li>• Submit a <b>Status Information Letter</b> with all copies of any supporting information to Selective Service System. The letter <b>MUST</b> include "Reason why you failed to register"</li> <li>• Submit the confirmation letter from Selective Service to the Office of Financial Aid</li> </ul>
<b>I am EXEMPT from registering with Selective Service</b>	Submit Proof of Veteran or Active Duty Status
<input type="checkbox"/> I am a Veteran of the U.S. Armed Forces or currently serving Active Duty in the U.S. Armed Forces	<ul style="list-style-type: none"> <li>• DD214, Military ID, etc.</li> </ul>
<input type="checkbox"/> I was not yet 18 at the time I initially completed the FAFSA	Submit Proof of Date of Birth:
<input type="checkbox"/> I was born before 1960	<ul style="list-style-type: none"> <li>• Passport, Birth Certificate, Driver License, <b>OR</b> State Issued ID</li> </ul>
<input type="checkbox"/> I am citizen of the Republic of Palau, the Republic of the Marshall Islands, <b>OR</b> the Federated States of Micronesia	Submit Proof of Citizenship
<input type="checkbox"/> I entered the U.S. for the first time <b>after</b> my 26 <sup>th</sup> birthday	Submit Proof of <b>Immigration Date</b> into the U.S: <ul style="list-style-type: none"> <li>• I-94 entry date stamp, <b>OR</b></li> <li>• Passport entry date stamp, <b>OR</b></li> <li>• USCIS Letter indicating the entry date</li> </ul>
<input type="checkbox"/> I entered the U.S. as a lawful nonimmigrant on a valid visa <b>AND</b> remained in the U.S. on the terms of that visa until after my 26 <sup>th</sup> birthday	Submit Proof of Lawful Nonimmigrant on a Valid Visa Status: <ul style="list-style-type: none"> <li>• For those in the U.S. on a <b>valid visa</b> who are between the ages of 8-25, student visa form (I-20) or other valid U.S. passport visa stamp with expiration date (dates <b>MUST</b> be from entry to the U.S., until <b>AFTER</b> the man turned 26)</li> </ul>
<b>I DID NOT register with Selective Service between ages 18-25 because:</b>	Submit Proof of Status for this Entire Period of Time
<input type="checkbox"/> I spent the entire time hospitalized/incarcerated/institutionalized <input type="checkbox"/> I spent the entire time enrolled in an officer procurement program at a qualifying institution <input type="checkbox"/> I spent the entire time as a commissioned or reserved Public Health Service Office	

I certify that all the information reported to qualify for federal student aid is complete and correct. I agree to provide additional proof of the information provided on this form. I authorize the use of this information and any supporting documentation for all Columbia College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_